

**DECLARATION
AND POWER OF ATTORNEY
Original Application**

ATTORNEY'S DOCKET NO.
21105

As a below named inventor, I declare that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in this Declaration, that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 et seq., of the invention entitled:

HOLLOW FIBER MEMBRANE GAS SEPARATION CARTRIDGE AND GAS PURIFICATION ASSEMBLY

☒ the attached specification or
☐ the specification in application Serial No. _____ filed _____ amended _____
(for declaration not accompanying application) (Day, Month, Year) (Day, Month, Year)

that I acknowledge a duty to disclose information I am aware of which is material to the patentability of this application in accordance with 37 CFR 1.56(a), that I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application and that as to applications for patent or inventor's certificate filed by me or my legal representatives or assigns in any country foreign to the United States of America, the earliest filed foreign application(s) filed within twelve months prior to the filing date of this application and all foreign applications filed more than twelve months prior to the filing date of this application are identified at 600, and, as required, 601 below.

600	CHECK APPROPRIATE BOX:	
	<input checked="" type="checkbox"/> No earlier-filed applications <input type="checkbox"/> Required information as to foreign applications filed prior to filing date of this application is at 601 on page 2 attached hereto and made a part hereof.	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

Blake T. Biederman	Reg. No. 34124	Stanley Ktorides	Reg. No. 29399
Donald T. Black	Reg. No. 27999	Robert J. Follett	Reg. No. 39566
Bernard Lau	Reg. No. 38218	David M. Rosenblum	Reg. No. 29341
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SEND CORRESPONDENCE TO: PRAXAIR TECHNOLOGY, INC. Law Department M1-557 39 Old Ridgebury Road Danbury, CT 06810-5113	DIRECT TELEPHONE CALLS TO: Robert J. Follett (203) 837-2363
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201	FULL NAME OF INVENTOR	LAST NAME BIKSON	FIRST NAME BENJAMIN	MIDDLE NAME
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202	FULL NAME OF INVENTOR	LAST NAME BARTHOLOMEW	FIRST NAME SCOTT	MIDDLE NAME ANDREW
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601	LISTING OF EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE U.S. FILING DATE OF THIS APPLICATION. LIST ALL APPLICATIONS FILED ON DATE OF FIRST FILING, IF MORE THAN ONE (1).			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY OF WHICH IS CLAIMED UNDER 35 USC 119
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Listing of All Foreign Applications Filed, if any, MORE THAN TWELVE MONTHS PRIOR, to U.S. Filing Date of this Application.			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	

LISTING OF APPLICANTS - continued from Page 1.

204	FULL NAME OF INVENTOR	LAST NAME JOHNSON	FIRST NAME BRADLEY	MIDDLE NAME QUINN
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205	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
206	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I, the undersigned, declare that the statements made herein of my own knowledge are true and that all statements made on information and belief are true to the best of my knowledge and belief, and I am not making any false statements and the like so